



April 28, 2021

Dear Medicaid Director:

On behalf of the American Speech-Language-Hearing Association, I write to thank you for temporarily extending telehealth coverage during the public health emergency and to request again permanent extension for coverage of certain telehealth services provided by audiologists and speech-language pathologists. Ensuring continuity of medically necessary care related to audiology and skilled therapy services is critical to preventing a negative impact on patient function and outcomes.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 218,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

The Centers for Medicare & Medicaid Services (CMS) has encouraged state Medicaid programs to cover a robust variety of telehealth services.¹ Since states have broad flexibility to cover telehealth through Medicaid, it is in the best interests of beneficiaries to receive the telehealth services that are shown to increase continuity of care, extend access to care beyond normal hours, help overcome provider shortages, and reduce patient and provider travel burden, among other benefits.^{2,3} Despite these proven benefits of telehealth, it remains underutilized because of barriers that hinder the launch of its full capabilities, particularly those laws that present a patchwork of accepted and non-eligible services.⁴

On April 1, 2021, CMS reiterated its commitment to funding telehealth by adding 24 additional Current Procedural Terminology (CPT) codes for audiology and speech-language pathology to the list of temporarily authorized Medicare telehealth services for use during the public health emergency related to COVID-19. This expansion of available reimbursable codes shows CMS's continued support for telehealth delivery of audiology and speech-language pathology services during a time when in-person services pose an ongoing risk to vulnerable patients due to the COVID-19 pandemic.

ASHA asks that Medicaid programs adopt the same expansion of codes that Medicare now covers and **permanently extend telehealth coverage for all of these clinically appropriate services**. Studies have shown that telehealth has been an effective modality for service delivery of audiology and speech-language pathology across the age spectrum, from children to aging adults.^{5,6}

To support and promote permanent implementation for payors, ASHA has developed a collection of professional practice resources, including the attached recommended guidance for implementing telehealth coverage for audiology and speech-language pathology services. The guidance includes all recommended codes, modifiers, place of service codes, and clinical vignettes to describe examples of clinically appropriate telehealth services.

Thank you for considering ASHA's request to permanently extend comprehensive coverage of audiology and speech-language pathology telehealth services for beneficiaries of your health plan. If you or your staff have any questions or require further information in order to assist with

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implementation, please contact Tim Nanof, ASHA's director, health care and education policy, at TNanof@asha.org.

Sincerely,



Jeffrey P. Regan, M.A.
ASHA's Director of Government Affairs & Public Policy

Attachment:
ASHA Recommendations for Telehealth Coverage

¹ Department of Health and Human Services (2021). *Telehealth for Providers: What You Need to Know*. <https://www.cms.gov/files/document/telehealth-toolkit-providers.pdf>.

² Centers for Medicare and Medicaid Services (2021). *COVID-19 FAQs for State Medicaid and CHIP Agencies*. <https://www.medicaid.gov/sites/default/files/2021-01/covid-19-faqs.pdf>.

³ Department of Health and Human Services (2021). *Telehealth for Providers: What You Need to Know*. Retrieved from <https://www.cms.gov/files/document/telehealth-toolkit-providers.pdf>.

⁴ Turner Lee, N., Karsten, J., and Roberts, J. (2020). Removing regulatory barriers to telehealth before and after COVID-19. <https://www.brookings.edu/research/removing-regulatory-barriers-to-telehealth-before-and-after-covid-19/>.

⁵ Grogan-Johnson, S., Gabel, R., Taylor, J., Rowan, L., Alvares, R., & Schenker, J. (2011). A Pilot Exploration of Speech Sound Disorder Intervention Delivered by Telehealth to School-Age Children. *International Journal of Telerehabilitation*. 3(1): 31-42. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4296798/>.

⁶ Tindall, L. (2012) The Use of Telepractice Technology to Provide Speech and Language Services to Persons Aging with Communication Disorders. *Perspectives on Gerontology*. <https://pubs.asha.org/doi/full/10.1044/gero17.3.94>.